

Prior Authorization

AETNA BETTER HEALTH OF ILLINOIS MEDICAID

Hetlioz (IL88)

This fax machine is located in a secure location as required by HIPAA regulations. Complete/review information, sign and date. Fax signed forms to Aetna Better Health Illinois Medicaid at 1-855-684-5250. Please contact Aetna Better Health Illinois Medicaid at 1-866-212-2851 with questions regarding the Prior Authorization process.

When conditions are met, we will authorize the coverage of Hetlioz (IL88).

Please note that all authorization requests will be reviewed as the AB rated generic (when available) unless states otherwise.

Drug Name (select from list of drugs shown)

Hetlioz (tasimelteon)

Quantity \_\_\_\_\_ Frequency \_\_\_\_\_ Strength \_\_\_\_\_
Route of Administration \_\_\_\_\_ Expected Length of therapy \_\_\_\_\_

Patient Information

Patient Name: \_\_\_\_\_
Patient ID: \_\_\_\_\_
Patient Group No.: \_\_\_\_\_
Patient DOB: \_\_\_\_\_
Patient Phone: \_\_\_\_\_

Prescribing Physician

Physician Name: \_\_\_\_\_
Specialty: \_\_\_\_\_ NPI Number: \_\_\_\_\_
Physician Fax: \_\_\_\_\_ Physician Phone: \_\_\_\_\_
Physician Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

Diagnosis: \_\_\_\_\_ ICD Code: \_\_\_\_\_

Please circle the appropriate answer for each question.

1. Does the patient have a diagnosis of non-24-hour sleep-wake disorder? Y N

[If no, no further questions.]

2. Is the patient completely blind with NO light perception? Y N

[If no, no further questions.]

3. Does the patient have a history of at least 3 months of difficulty initiating sleep, difficulty awakening in the morning, or excessive daytime sleepiness? Y N

[If no, no further questions.]

